Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019545	A. BUILDING: _____ B. WING _____	01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER ROAD ESTATES	1848 RIVER ROAD SPARTA, WI 54656

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N 000	Initial Comments On 01/17/2024, Surveyor conducted a standard licensure survey at River Road Estates. Information for this survey was reviewed and received through 01/24/2024. Six deficiencies identified. Census:12	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Care Manager A (CM) A, was screened by a registered nurse, physician, physician assistant, or clinical nurse practitioner for communicable disease, including tuberculosis (TB), according to the Centers for Disease Control and Prevention (CDC) standards. Findings include:	N 220		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 220	Continued From page 1 The Department of Health Services publication, Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff), states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... - If testing is positive, obtain chest x-ray and refer HCP or caregiver to provider for additional workup for TB disease. - In the absence of newly identified risks or symptoms, previous documented negative IGRA or TST results (within 12 months) may be used. - If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 01/11/2024 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 01/17/2024, at approximately 10:30 AM, Surveyor reviewed 3 employee records. CM A was hired on 12/18/2020. His/her record included a communicable health screen and TB test completed on 04/12/2021. Surveyor asked CM A if there was a different or other TB screen in in his/her employee file. CM A was not able to locate any other record for a TB test.	N 220		

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N 220	Continued From page 2 Surveyor discussed with CM A that the TB test was conducted approximately four months after his/her hire date. CM A stated s/he had a TB test prior to his/her start date but was not able to locate the TB test.	N 220		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents sampled (Resident 1) was screened for communicable disease, including tuberculosis (TB), within 7 days after admission. Findings include: On 01/17/2024 at approximately 11:00 AM, Surveyor reviewed resident records. Resident 1 was admitted on 04/11/2022. Resident 1's record	N 302		

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N 302	Continued From page 3 did not indicate a communicable disease screen or TB test was completed for Resident 1. Surveyor asked Care Manager A (CM) A if s/he could locate a completed TB test for Resident 1. CM A was not able to locate a completed TB test. On 01/23/2024, Surveyor asked Administrator B if Resident 1 was screened for communicable disease including TB. Administrator B stated s/he could not locate any information that Resident 1 was screened for communicable disease or TB.	N 302		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment for residents that cannot safeguard themselves from environmental hazards. Findings include: The facility is licensed to provide services for up to 14 residents within the following client groups: developmentally disabled, advanced aged, physically disabled, irreversible	N 358		

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N 358	Continued From page 4 dementia/Alzheimer's disease and terminally ill. On 01/17/2024 at approximately 9:40 AM, Surveyor tried to enter the facility to conduct a standard licensure survey. Surveyor was not able to open the main entrance door even though the door was not locked. The weather on 01/17/2024 was minus 5 degrees and there was a resident standing outside of the facility near the entrance. Care Manager (CM) A was also standing outside of the entrance. CM A stated the door handle is broken and Surveyor would have to lift the handle up to enter the facility. Surveyor noted the handle of the door was broken and would not open by levering the handle down. Upon entry of the facility, Surveyor checked the back door which was the second exit/entry of the facility. Surveyor noted a hole at the bottom right side of the door approximately an inch wide and 3 inches tall. Surveyor observed daylight sun light shining through the hole. Surveyor interviewed CM A and asked how long the main entrance was not fully functional. CM A stated a couple of days ago s/he slammed the door and must have broken something as the handle was not functioning properly since s/he slammed it. At approximately 12:50 PM on 01/17/2024, Surveyor discussed the door(s) issue with Maintenance Person (MP) C. MP C was not aware the main entrance handle on the door was not functioning properly and was not aware the back door had a hole at the bottom of the door.	N 358		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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N 389	Continued From page 5 Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure Resident 2's individual service plan (ISP) was updated annually. Findings include: The facility is licensed to provide services for up to 14 residents within the following client groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's disease, and terminally ill. On 01/17/2024 at approximately 11:00 AM, Surveyor asked Care Manager (CM) A for Resident 2's record, including his/her ISP. Surveyor identified Resident 2 was admitted on 08/08/2022. Surveyor could not locate the annual review of the ISP in Resident 2's record. Surveyor asked CM A to assist in locating the annual review for Resident 2. The ISP could not	N 389		

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N 389	Continued From page 6 be located. Surveyor discussed with CM A the necessity of ensuring an annual review was completed on each resident. CM A was aware of the regulation and stated that if it was found, it would be sent to the department for review. On 01/24/2024 at approximately 10:00 AM, Surveyor asked Administrator B if s/he could provide Surveyor with Resident 2's annual review of his/her ISP. On 01/24/2024 at 5:27 PM, Administrator B replied that Resident 2's annual ISP was completed but s/he was digging through the paperwork and was unable to find it.	N 389		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exterior areas were maintained and free of hazards. The rear entrance/exit sidewalk was snow and ice covered. Findings include: The facility is licensed to provide services for up to 14 residents within the following client groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's disease, and terminally ill. On 01/17/2024 at approximately 9:40 AM, Surveyor observed a resident leaving the facility	N 492		

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N 492	Continued From page 7 through the back door. Surveyor observed the sidewalk was not cleared of snow or ice. Surveyor also observed wheelchair tracks through the snow on the sidewalk. At approximately 12:45 PM on 01/17/2024, Surveyor discussed this concern with Maintenance Person (MP) C. Surveyor showed MP C the sidewalk outside the door and recommended the snow and ice be removed for the safety of the residents. MP C stated the snow would be removed immediately.	N 492		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible material was stored at least 3 feet away from the furnace. Findings include: The facility is licensed to provide services for up to 14 residents within the following client groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's disease, and terminally ill. On 01/17/2024 at approximately 12:00 PM, Surveyor observed the facility's furnace and water heater utility room. The room contained wood, plastic and several cardboard boxes within 3 feet of the furnace. At approximately 12:30 PM, Surveyor re-toured	N 507		

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N 507	Continued From page 8 the furnace room with Maintenance Person C. Maintenance Person C acknowledged the furnace room was cluttered and combustible materials were within 3 feet of the furnace. Maintenance Person C stated the furnace room would be cleaned up immediately.	N 507		